

<i>SERFF Tracking Number:</i>	<i>MUTM-126450850</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assured Life Association</i>	<i>State Tracking Number:</i>	<i>44530</i>
<i>Company Tracking Number:</i>	<i>ASHLEY COPENHAVER</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.001 Plan A 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement Advertising - T01_414</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Advertising/T01_414</i>		

Filing at a Glance

Company: Assured Life Association		
Product Name: Medicare Supplement Advertising - T01_414	SERFF Tr Num: MUTM-126450850 State: Arkansas	
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed	State Tr Num: 44530
Sub-TOI: MS08I.001 Plan A 2010	Co Tr Num: ASHLEY COPENHAVER	State Status: Filed-Closed
Filing Type: Advertisement	Author: Ashley Copenhaver	Reviewer(s): Stephanie Fowler
	Date Submitted: 01/11/2010	Disposition Date: 01/28/2010
		Disposition Status: Filed
Implementation Date Requested:		Implementation Date:
State Filing Description:		

General Information

Project Name: Medicare Supplement Advertising	Status of Filing in Domicile:
Project Number: T01_414	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 01/28/2010	Explanation for Other Group Market Type:
	State Status Changed: 01/28/2010
Deemer Date:	Created By: Ashley Copenhaver
Submitted By: Ashley Copenhaver	Corresponding Filing Tracking Number:
Filing Description:	
NAIC #56499	
FEIN #84-0356870	
Assured Life Association	
Medicare Supplement Advertising	
Newspaper Ad: T01_414	

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not

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Standard Plans 2010
Product Name: Medicare Supplement Advertising - T01_414
Project Name/Number: Medicare Supplement Advertising/T01_414

intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

This is an ad that will be used to advertise a sample monthly premium. The ad contains a grid with variable fields (see the Memorandum of Variability) that apply to the rating structure for your state. The agent/independent producer would choose which sample rate they would like to advertise by selecting a plan and any other corresponding variable information. The agent/producer would contact the administrative office to request the ad be set up and printed. The administrative office will be responsible for assuring that the correct and current rates and disclosures are used.

This ad will be used to generate potential sales leads.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs
Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com
Consultant
Regulatory Affairs 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Assured Life Association	CoCode: 56499	State of Domicile: Colorado
9777 South Yosemite, Suite 200	Group Code:	Company Type: Fraternal Benefit Society
Lone Tree, CO 80124	Group Name:	State ID Number:

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(800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$50.00	01/11/2010	33434891

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	01/28/2010	01/28/2010

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Disposition

Disposition Date: 01/28/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Memorandum of Variability	Accepted for Informational Purposes	Yes
Form	Newspaper Ad	Filed	Yes

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Filing Company: Assured Life Association State Tracking Number: 44530

Company Tracking Number: ASHLEY COPENHAVER

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Standard Plans 2010

Product Name: Medicare Supplement Advertising - T01_414

Project Name/Number: Medicare Supplement Advertising/T01_414

Form Schedule

Lead Form Number: T01_414

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/28/2010	T01_414	Advertising Newspaper Ad	Initial		0.000	T01_414.pdf

Affordable Medicare Supplement Plans Now Available in [State]

*Call Today
For A Free
Rate Quote!*

[Agent's Agency Name]
[Agent Name]
[Agent's Phone Number]

*Supplement Your Medicare Benefits
With Additional Insurance.*

ASSURED LIFE ASSOCIATION MEDICARE SUPPLEMENT RATES

[STATE, ZIP CODE(S)]		MONTHLY PREMIUM*	
	Age	Plan [Name]	Plan [Name]
	[AGE]	[\$RATE]	[\$RATE]

*[Appropriate State Rate Disclosure]

Underwritten by:



ASSURED LIFE
ASSOCIATION

A Fraternal Benefit Society

8000 E. Maplewood Ave.,
Suite 105
Greenwood Village, CO 80111
www.DenverWoodmen.com

This is a solicitation of insurance and an insurance agent may contact you by telephone.

Neither Assured Life Association nor its Medicare supplement insurance certificates are connected with or endorsed by the U.S. government or the federal Medicare program. Medicare supplement insurance certificate

forms MTA20, MTA21, MTA22, MTA23, MTA24, MTA25. These certificates have exclusions, reductions and limitations.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item:	Memorandum of Variability	
Comments:	Accepted for Informational Purposes	01/28/2010
Attachment:		
T01_414 (MoV).pdf		

VARIABLE MATERIAL FOR ADVERTISING FORM T01_414

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

Header



Explanation

Input State where plans are approved.

Rate Chart

Header Rows:

1. Column 1 – Input State or ZIP code(s) where plans are approved.
2. Columns 2 and 3 – Input plans approved in State or ZIP code(s).

Bottom Rows:

1. Column 2 – Input Age 65 or older
2. Columns 3 & 4 - Input corresponding rate for plans chosen.

Disclosure

The appropriate disclosure will be listed for each state.

AL, WV – Sample base rates; [female rates (male rates may be higher)] [male rates (female rates generally lower)]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change.

GA, IA, IL, NE, OH, VA – Sample base rates; [female rates (male rates may be higher)] [male rates (female rates generally lower)]; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code.

AR – Sample base rates; nontobacco-user rates (tobacco-user rates may be higher); rates are subject to change and vary by ZIP code.